



Atty. Dkt. No. 032931-0218

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Alain CADIEUX

Title: USE OF CALCITONIN GENE-RELATED PEPTIDE IN THE
PREVENTION AND ALLEVIATION OF ASTHMA AND RELATED
BRONCHOSPASTIC PULLMONARY DISEASE

Appl. No.: 09/475,072

Filing Date: 12/30/1999

Examiner: Patrick Nolan

Art Unit: 1644

AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a
Small Entity statement previously submitted.

[] Small Entity statement is enclosed.

[X] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	9	26	0	x \$18.00	\$0.00
Independents:	2	3	0	x \$84.00	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$280.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for
the total number of months checked below:

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$110.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:			\$110.00
CLAIMS AND EXTENSION FEE TOTAL:			\$110.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$55.00
TOTAL FEE:			\$55.00

- ☒ Petition for Extension of Time (1 page);
- ☒ 1 Reference (Zaidi, et al, "The Calcitonin Gene Peptides:...", Vol. 28, Issue 2 (1990) (66 pages)
- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$55.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$55.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date November 14, 2001

By 

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